

**IN THE SMALL CLAIMS DIVISION OF THE
DISTRICT COURT OF THE THIRD CIRCUIT**

DIVISION

STATE OF HAWAI‘I

Form #3DC48B

Plaintiff(s)

Defendant(s)

Reserved for Court Use

No.	
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Filing Party(ies)/Filing Party(ies)' Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and
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Plaintiff(s) alleges as follows:

_____ he is/are a resident and/or does/do business at _____

Since _____, 19 _____, the defendant(s) owes/owe the plaintiff(s) the sum of \$_____

for _____

Defendant(s) reside(s) and/or does/do business at _____

in the State of Hawai'i.

Plaintiff(s) ask for judgment in the principal amount of \$ _____.
In addition, the Court may award court costs, interest.

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I do hereby certify that this is a full, true, and correct copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

See REVERSE SIDE

AFFIDAVIT

Affiant, being first duly sworn on oath says that the foregoing is a just and true statement of the amount owing by defendant(s) to plaintiff(s).

Subscribed and sworn to before me this _____ day of _____, 19____

Signature of Affiant:

Print/Type Name of Affiant:

Notary Public, State of _____

My commission expires: _____

Clerk of the above-entitled Court

NOTICE

TO: _____:

Please take notice that this Statement of Claim will be heard by the District Judge of this Court, in his/her Courtroom, at the

address checked below on _____, _____, 19____ at _____ M., or as soon thereafter as parties may be heard.

YOU ARE REQUIRED TO BE PRESENT ON THIS HEARING DATE TO AVOID JUDGMENT BY DEFAULT.

COURT ADDRESS

- | | |
|--|--|
| <input type="checkbox"/> North & South Hilo Division | 75 Aupuni Street, Courtroom 3, Hilo, Hawai'i 96720 |
| <input type="checkbox"/> Puna Division | 16-200 Pili Mua Street, Kea'au, Hawai'i 96749 |
| <input type="checkbox"/> North & South Kona Division | 79-7595 Haukapila Street, Kealahkekua, Hawai'i 96750 |
| <input type="checkbox"/> Ka'u Division | 95-5669 Mamalahoa Highway, Na'alehu, Hawai'i 96772 |
| <input type="checkbox"/> South Kohala Division | 67-5175 Kamamalu Street, Kamuela, Hawai'i 96743 |
| <input type="checkbox"/> Hamakua Division | 45-3880 Mamane St., Honoka'a, Hawai'i 96727 |
| <input type="checkbox"/> North Kohala Division | 54-3900 Government Main Road, Kapa'au, Hawai'i 96755 |

Mailing address for the above Courts: ☐ **75 Aupuni Street, Room 205, Hilo, Hawai'i 96720** ☐ **P.O. Box 9017, 79-7595 Haukapila Street, Kealahkekua, Hawai'i 96750** ☐ **67-5175 Kamamalu Street, Kamuela, Hawai'i 96743**

If you wish to contest the case, a trial may be set at this hearing.

If you wish to have witnesses subpoenaed, see the clerk at once for assistance.

If you admit the claim, but desire additional time to pay, you must come to the hearing in person and state the circumstances to the Court.

You may come with or without an attorney.

You have no right to **APPEAL** if the case remains in the Small Claims Division. A Small Claims case cannot be transferred to the Regular Claims Division unless the plaintiff agrees to the transfer and payment of a fee to the clerk of the Court.

If the counter claim is for **MORE THAN** \$5,000.00, either party may have the case transferred to the Circuit Court for jury trial upon payment of fees to the clerk of the Court.

YOUR FAILURE TO APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE MAY RESULT IN A DEFAULT JUDGMENT AGAINST YOU FOR THE RELIEF DEMANDED IN THIS STATEMENT OF CLAIM.

Clerk of the above-entitled Court

This notice shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled court permits, in writing on this summons, personal delivery during those hours.

In accordance with the **Americans with Disabilities Act**, if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.